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Letter to the Editor

Sure he's dead? Be wise



Dear Sir,

We read with great interest the well documented Clínical Practice "Hysterical paralysis and premature burial: A medieval Persian case, fear and fascination in the west, and modern practice" [Agutter PS, Shoja MM, Tubbs RS, Rashidi MR, Khalili M, Hosseini SF, Ghabili K, Cohen-Gadol AA, Loukas M. J Forensic Leg Med. 2013 Apr; 20(3):133–5. doi: 10.1016/j.jflm.2012.05.006. Epub 2012 Jul 12].

However, for the transcendence of the case posed by the authors, we can not agree with the statement that several medical conditions apart from severe trauma can simulate death.

On the contrary, no medical conditions can mimic death.

In 2011 it was reported that the diagnosis of death by the importance of establishing this phenomenon, should be done with extreme care and attending to all clinical conditions. In this work, mention is made of three examples of misdiagnosis of death. $^{2-4}$

But unfortunately there are many more.

On 17th February 2010, a doctor certified the death of a Columbian woman, who was then taken to a funeral parlour for embalming. When the process was about to start, some movement was noticed in her arm and it was discovered that she was still alive. The neurosurgeon Juan Mendoza Vega, a member of the Colombian National Medical Ethics Board, said that on rare occasions, a person's heart rate and breathing can drop to undetectable levels, leading doctors to erroneously declare a patient dead.⁵

On 26th January 2010, a doctor certified the death of a Polish beekeeper who had had been attacked by a swarm of bees. Just before closing the coffin, the person in charge of the funeral parlour noticed that the poor man was still alive.⁶

On 19th August 2008, a young Indian girl was believed to be dead at Western Galilee hospital in northern Israel. She was taken to the morgue, put into a cold-storage room, and yet 5 h later she was discovered to be alive.⁷

On 17th September 2007, a 33-year-old Venezuelan man, who had suffered a traffic accident, was believed to be dead. He woke up on the autopsy table when the forensic surgeon made the first incision in his body.⁸

How many people are buried alive today? How many are hidden from the press? Disturbing.

If we look in the PubMed database, we found various articles related to misdiagnosis of death and premature burials.

The furthest back –in 1948– describes a review of different systems designed to prevent premature burials. ⁹ 22 procedures are presented which were patented in the United States and which were displayed in Howard Dittrick Museum of Historical Medicine. Actually, they are not so much ways of preventing premature burials at all, but are means and mechanisms for trying to survive

and receive help after becoming a victim of an erroneous diagnosis of death.

Three years later, another publication listed the precautions that should be taken into account to prevent the undesirable phenomenon of premature burial. 10

It was another 26 years before another author tackled this theme, although, on this occasion, he did so from a historical perspective and showed how Edgar Allan Poe made use of real situations to write his stories, just as could happen now.¹¹

The fourth document found in the search begins to focus the diagnosis of certain death on clinical criteria, in particular cardiac arrest and cessation of breathing. 12

Another publication, also in 1980, places a lot of the responsibility on electrodiagnosis of death.¹³

Sixteen years later, a new publication appears with a clearly historical approach that analyses developments in this field from 1728 to 1849. Here, the author mentions the Manni Prize, established in 1837 with an award of 1500 francs for the best scientific work on diagnosing death. ¹⁴

The next reference also falls into the historical field, as it concentrates on the therapeutic and diagnostic concepts that appear in several reference books at the beginning of the 19th century.¹⁵

The second last reference focuses on the reliability that the use of the brain death concept offers, so as to be able to implement organ donations in Pakistan, which in 2003 still lacked regulations on this issue. ¹⁶ The authors claim that patients with brain stem death have absolutely no chance of recovery. However, the fear of being buried alive still persists in many cultures.

It is surprising, however, that the database search does not mention six works that were published in The Lancet and whose titles contain the terms searched for.^{17–22}

As we can see, the misdiagnosis of death is still present in the XXI century.

The choice of the title of this letter, has its origin in a chapter of a book that deals with the disclosure of the general aspects of forensic thanatology.²³ It describes the clinical diagnosis of the Death Syndrome, which is the disappearance of the manifestations of the vital functions and the establishment of cadaveric phenomena.

We therefore can not agree with the statement that several medical conditions apart from severe trauma can simulate death. None of them will make the body cool, stiffen and start to smell, to putrefy. Only death does.

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